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FACSIMILE COVER SHEET**DATE:** July 7, 2003**TO:** Group Art Unit 1775**FAX NO.:** 703-872-9310**FROM:** Jeffrey S. Abel**RE:** 10/044,744: Response to Restriction Requirement**NUMBER OF PAGES (including Cover Sheet):** 6**MESSAGE:****Applicant:** Simpson, et al.**Appl. No.** 10/044,744**Filing Date:** 01/11/2002**Art Group:** 1775**Atty Docket No.** 1035-SC4127**Title:** METHOD FOR FORMING CERAMIC LAYER HAVING GARNET CRYSTAL
STRUCTURE PHASE AND ARTICLE MADE THERAPY

Attached please find:

- ☒ Transmittal Form (1 pg);
- ☒ Response to Restriction Requirement (2 pgs);
- ☒ Petition for Extension of Time (1 pg)
- ☒ Fee Transmittal (1 pg).

Should you have any questions, please do not hesitate to contact our office.

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PTO/SB/21 (05-03)

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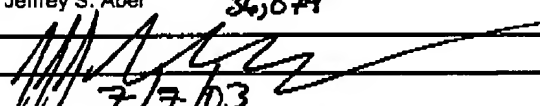
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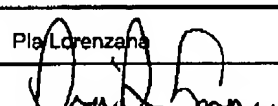
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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/044,744	
	Filing Date	01/11/2002	
	First Named Inventor	Simpson, et al.	
	Art Unit	1775	
	Examiner Name	Jennifer C. McNeil	
Total Number of Pages In This Submission	5	Attorney Docket Number	1035-SC4127

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ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Jeffrey S. Abel 36,079
Signature	
Date	7/7/03

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